

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-family: monospace;">10630434</div>		Filing Date	
				Applicant(s)			
* May be used for additional claims or amendments							
CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend	
1							51
2							52
3							53
4							54
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46							96
47							97
48							98
49							99
50							100
Total Indep			7				Total Indep
Total Depend			17				Total Depend
Total Claims			24				Total Claims

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep			7			
Total Depend			17			
Total Claims			24			